

Early Mental Health Initiative

Request for Application EMHI-2011 Information Meeting
Sponsored by the California Department of Mental Health

REGISTRATION FORM

COUNTY: _____ School District/COE/Organization: _____

School Sites: _____

Names: _____

_____ Number Attending: _____

E-mail Address: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Check Appropriate Box:

DATE	LOCATION	TIME
<input type="checkbox"/> March 1, 2011 Burbank, CA	Marriott Hotel 2500 Hollywood Way, Burbank, CA 91505 Telephone: (818) 843-6000	10:00 am to 3:00 pm
<input type="checkbox"/> March 3, 2011 Fresno, CA	Courtyard Marriott Hotel 1551 Peach Avenue, Fresno, CA 93737 <u>Sequoia – 115 Conference Room</u> Telephone: (559) 251-5200	10:00 am to 3:00 pm
<input type="checkbox"/> March 9, 2011 Sacramento, CA	Sacramento City Unified School District 5735 47 th Avenue, Sacramento, CA 95824 <u>Michigan/Minnesota Conference Room</u> Telephone: (916) 643-9252	10:00 am to 3:00 pm

EMHI-2010 Request for Application is available at:

http://www.dmh.ca.gov/Services_and_Programs/Children_and_Youth/EMHI.asp

THERE IS NO REGISTRATION FEE

Return by fax OR mail to:

Department of Mental Health – Early Mental Health Initiative
1600 Ninth Street, Room 150
Sacramento, CA 95814
Phone: (916) 651-3740
FAX: (916) 654-2739

If you have any questions please e-mail DMHEMHI@dmh.ca.gov